U.S. Eleparment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13785

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12/31 / 2005

3. Name and address of person filing. Name Charles J. Morello	4. Name, file number, and address of labor organization.
Name Charles J. Morello	
•	Name New York State Professional Fire Fighters Association Labor Organization File Number 5/9080
P.O. Box, Bldg., Room No., if any Suite 207	P.O. Box, Building and Room Number, if any Suite 207
Street 111 Washington Avenue	Street 111 Washington Avenue
City Albany	City Albany
State New York ZIP Code + 4 1220	O7 State New York ZIP Code + 4 12207
5. Position in labor organization. President	
(except as specified in table 1) A. Held an interest in, engaged in transactions (including loans) w	rour spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions): with, or derived income or other economic benefit of
monetary value from an employer whose employees your organized. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	·
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
	Signature
submitted in this report (including the information contained in any acco	nalty of Perjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the attention on penalties in the instructions.)
undersigned's knowledge and bellef, true, correct, and complete. (See	
Signed Maule Morally	On 1/10/2006 (518) 436-8827 Data Telephone Number

Name of Person Filing Charles MoreLlo	File Number 0-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name .				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b, Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	42 h Assault			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name John Black	Golf green fees for 6/01/2005, 8/23/2005 and 8/30/2005			
Trade Name, if any: John Black, Attorney-at-Law				
P.O. Box, Bldg., Room No., if any				
Street 121 State Street				
City _ Albany				
State New York ZIP Code + 4 12207				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$165			

		,
1.		
Name of Person Filing	Charles Morello	File Number U-

Part	C	Continuation	Page
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Part C Continuation Page				
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.			
Name John Black	Dinner - 12/03/05			
Trade Name, if any: John Black, Attorney-at-Law				
P.O. Box, Bldg., Room No., if any				
Street 121 State Street	;			
City Albany				
State New York ZIP Code + 4 12207				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$210 -			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name John Black	Christmas gift - 12/21/2005			
Trade Name, if any: John Black, Attorney-at-Law				
P.O. Box, Bldg., Room No., if any				
Street 121 State Street				
City Albany				
State New York ZIP Code + 4 12207				
13.b. Is the Business an Employer or Consultant 🔀 ?	14.b. Amount of payment. \$75.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any				
payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			



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JOHN F BLACK E-MAIL: JOHNB@HSPM COM

January 23, 2006

U.S. Department of Labor Office of Labor-Management Standards Washington, D.C. 20210

Re: New York State Professional Fire Fighters Association

Gentlemen:

Please find enclosed form LM-30 submitted on behalf of Charles Morello, Michael McManus, Dennis Sweeney and Samuel Fresina who are officers of the New York State Professional Fire Fighters Association.

If you have any questions regarding these forms, please contact me directly.

Very truly yours,

John F. Black
JFB:fmb
Enclosures